What's Housing Got to Do With It?

Cohen et al. report in this issue of the Journal that a strong association exists between gonorrhea rates and a "broken windows" index that measures housing quality, levels of graffiti, trash, public school deterioration, and the presence of abandoned cars.[1] Specifically, they note that in high-poverty neighborhoods, gonorrhea rates for block groups with high broken windows scores were significantly higher than the rates for block groups with low broken windows scores.

In seeking to explain the meaning of this association, the authors offer a number of hypotheses. The first, an individual-level explanation, is that people who are most likely to engage in high-risk sexual behavior or reduced health care–seeking behavior are also likely to contribute to neighborhood deterioration. The second, a structural-level explanation, is that a deteriorating neighborhood itself contributes to these behaviors. The third hypothesis, which is a combination of the first two, is that there is a dynamic relationship between environmental conditions and health behavior.

Asking Questions

The authors' findings are intriguing and raise an important set of questions: Would an environmental intervention influence health risk-taking behaviors? Would aggressive campaigns to clean up deteriorating neighborhoods encourage residents to take better care of their immediate surroundings and of their own health?

It is important to ask these questions because past and present policymakers, aware of the association between poor housing quality and indicators of social distress, have indeed experimented with environmental interventions. Programs such as urban renewal in the 1950s and HOPE VI (the Urban Revitalization Program) in the 1990s altered the landscape, but not necessarily in the best interests of the health and well-being of area residents. Retrospective analyses of urban renewal efforts point out a series of negative consequences of that program, including the loss of affordable housing units, the destruction of many small businesses, and the truncation of social networks through the dispersal of area residents.[2–4] Furthermore, these harmful effects fell disproportionately on poor African Americans who were most likely to be living in the housing slated for renewal.[5,6]

That the most vulnerable members of the population were made weaker and more vulnerable is a sure sign of bad policy. How then do we develop environmental policy that promotes the health of the population? We believe it is essential, first and foremost, to enumerate the 3 principal connections between housing and health.

First, shelter is a fundamental necessity. Whether they find it in caves, tepees, igloos, straw huts, or mansions, people need a place to live. Shelter provides protection from the elements; supports storage of food, water, and other essentials; and offers a place for the organization of the communal life of the household unit. Shelter appropriately occupies a primary rank in Abraham Maslow's hierarchy of needs. If proof is needed for this biological principle, it is found in studies of the homeless, who suffer from greatly increased rates of illnesses and injury, as well as other threats to life.[7]

Housing operates at a second level; that is, each housing unit is set in relation to other housing units, creating the physical infrastructure for group life. The organization of the housing center plays as fundamental a role in human well-being as does the individual housing unit. Studies of villages and cities demonstrate that there are both centripetal forces that bring people together in central gathering places and centrifugal forces that move people apart to places of introspection and solitude. A housing center must provide an array of spaces that are tightly interwoven. In the *bastides*, an ancient city form found in France, this problem was solved by building houses around a central square, which served as marketplace and gathering center. The walkway around the square was covered with an arcade. The church was placed on or near the square, while the fields extended behind the houses. This intimate clustering still provides an attractive and coherent setting for the communal life of residents. When the physical foundation for group life is disrupted, many changes in individual and group functioning follow. That these can be associated with disease is demonstrated by the association between housing loss and the growth of HIV infection in the Bronx, NY.[8]

Finally, housing operates at a third level, that of providing a "home." Home has psychological importance as an object of attachment and as a source of identity. It is a small bit of territory through which the individual makes a connection to the larger world, indeed to the larger universe. Home is the center of the circle of the lifeworld, the space(s) people occupy during the course of their lives, a key point in the individual's orientation to space and time. A stable and functioning home is essential to psychological well-being. This principle holds for both settled and nomadic groups, even though those groups create "home" in dramatically different ways. The grief among former residents of West Boston[3] shows striking parallels to the distress of Gypsies forced to abandon their life on the road.[9]

Finding Answers

Given these multiple connections between housing and health, how do we determine what kinds of environmental interventions, if

Editor's Note. See related article by Cohen et al. (p 230) in this issue of the Journal.

any, ought to be undertaken? This is a matter both of finding empirical evidence to locate the source of the problem and of adopting sound principles to guide action. Given that there are 3 levels at which "broken windows" might be contributing to disease, it is essential to undertake additional research to determine the type of problem at hand. In our experience, applied ethnography is the most useful tool for examining the structural conditions of the neighborhood, the state of social relationships, and the resources that can be a basis for problem solving.[10,11]

The selection of principles should be guided by that basic precept of medicine, "First, do no harm." Jane Jacobs, one of the most prominent urbanists of the 20th century, spoke of a similar concept while reflecting on the fight in the 1950s to save the West Village neighborhood in New York City. After defeating the urban renewal plan that would have effaced the entire area, she said, "We wanted to plan for ourselves. And we talked over what our principles should be, and we adopted this one, as not a sparrow should fall. That meant that no planning the neighborhood did should hurt anyone in the neighborhood. Not a person, not a household, not a business, nothing should be at the expense of others. . . . Now, it's very interesting that we were told this is impossible, you know, the idea you can't make an omelet without breaking eggs and so on. It's not impossible."[12]

The vibrancy of the West Village today stands as testimony to the soundness of the principle adopted by Jacobs and her neighbors. As we consider ways to fix broken windows, we should keep in mind this "sparrow principle" as the application of Hippocrates' precept to environmental intervention. □

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